



**TENNESSEE DEPARTMENT OF
CHILDREN'S SERVICES**

Exposure Control Plan for Blood Borne Pathogens



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**OSHA Requirements for Blood borne Pathogens
Tentative Timeline**

	TASK	Primary Person(s) Responsible	Projected Completion Date	Completed
1.	Complete Exposure Control Plan & Get Commissioner's Approval.	Carolyn Ellis	06/16/92	X
2.	Inform Senior Managers of Upcoming Plan, Procedures, and Training.	Mary Heinzen	06/19/92	X
3.	Fiscal/Budget Approval for Vaccines, Equipment, *Personnel (4), and Other Project Costs.	Danny Grant Carolyn Ellis	07/15/92	X *Personnel Not Approved
4.	Identification and Ordering of Needed Supplies/Equipment.	Carolyn Ellis Samm Dickens	07/15/92	X
5.	Develop Initial Inservice Training, Lesson Plan.	Mary Heinzen	07/15/92	X
6.	Arrange Pre-service Training by Academy	Parkes Casselbury	07/15/92	X
7.	Get with Managers to Schedule Preferred Training Dates and Times. Have Departmental Training Schedule Set.	Mary Heinzen	07/15/92	X
8.	Exploration of Legal Ramifications and Liability Issues.	Cathy Posey Bobbie Jones	07/15/92	On-Going

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9.	DYD Staff Designated Regionally and by Facility Site for HBV/HIV Record Keeping and Coordination.	Carolyn Ellis	08/01/92	X
10.	DYD Policy(s) in Place.	Carolyn Ellis	08/01/92	X
11.	Procedure and Equipment in Place for Handling of Blood and Waste (Interim if Necessary Until Waste Control Contracts Approved).	Samm Dickens Carolyn Ellis	08/01/92	X
12.	Record Keeping/ Reporting Procedures Established, Including Forms (or Copies) Available.	Mary Heinzen Parkes Casselbury	08/01/92	X
13.	Training of Staff/Sites for Current Employees	Mary Heinzen Carolyn Ellis Samm Dickens	August, September, October	X
14.	Vaccines Available to Staff in Selected Categories	Carolyn Ellis	August, Ongoing Thereafter	X
15.	New Staff (Medical Clerks) On-Line Doing Record Keeping and Coordination/Duties	Carolyn Ellis Danny Grant	01/01/93	Denied by F & A
16.	Waste Control Contracts in Place	Carolyn Ellis Samm Dickens	01/01/93	X
17.	Annual Training (Inservice for Staff)	Parkes Casselbury	07/01/93	X (and Annually Thereafter)

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Prepared by Committee: 06/04/92

Reviewed/Revised: 08/94

05/97

1992 Committee Members:

Carolyn Ellis, Chairman

Mary Heinzen

Samm Dickens

Parkes Casselbury

Cathy Posey

Lane Willie

1997 Committee Members:

Carolyn Ellis, Chairman

Parkes Casselbury

Cathey Posey

Debbie Edwards

Phyllis Long, RN 4

Frank Guida

Glossary of Terms

Blood:	Means human blood, human blood components, and products made from human blood.
Blood Borne Pathogens:	Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: Hepatitis B Virus (HBV) and Human Immuno-deficiency Virus (HIV).
Contaminated:	Means the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry:	Means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharps:	Means any contaminated object that can penetrate the skin including, but not limited to, needles, razors, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination:	Means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface of item is rendered safe for handling, use, or disposal.
Engineering Controls:	Means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.
Exposure Incident:	Means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.
Handwashing Facilities:	Means a facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.
Licensed Healthcare Professional:	Means a person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B vaccination and post-exposure evaluation and follow-up.

HBV:	Means Hepatitis B Virus.
HIV:	Means Human Immunodeficiency Virus.
Occupational Exposure:	Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials:	Means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (2) Any unfixed tissue or other (other than intact skin) from a human (living or dead). (3) HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral:	Means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Personal Protective Equipment:	Means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Regulated Waste:	Means liquid or semi-liquid blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

- Source Individual:*** Means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to: hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients in correctional facilities, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
- Sterilize:*** Means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
- Universal Precautions:*** Means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.
- Work Practice Controls:*** Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

Exposure Control Plan for Blood Borne Pathogens

DCS has evaluated its routine and reasonably anticipated tasks and procedures to determine where there is actual or potential exposure to blood or other potentially infectious materials and will do so on a regular and annual basis.

A list of all job classifications in which all employees in those classifications have occupational exposure will be maintained, as well as a list of job classifications in which *some* employees have exposure. This shall include a list of all tasks and procedures in which exposure may occur. (See attachments A and B.)

Universal precautions shall be used with all youths and employees, and personal protective equipment shall be available and worn as outlined in this plan.

General Knowledge

(For all staff dealing with or exposed to blood or other potentially infectious materials.)

Blood is the single most important source of HIV, Hepatitis B and other blood pathogens. Special precautions shall also be used in handling of tissues, semen, vaginal secretions, and the following fluids: cerebral, spinal, synovial, pleural, peritoneal, pericardial and amniotic.

1. Frequent handwashing should become a habit for all personnel who come in contact with youths. If sinks are not available, an appropriate antiseptic hand cleaner and towels must be available. (Security and other designated personnel will be assigned belt pouch kits with supplies included.)
2. All protective equipment shall be removed immediately upon leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
3. Utility gloves (rubber household gloves) for housekeeping chores involving potential blood contact and for equipment cleaning shall be used. They shall be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or evidence of deterioration, or if ability to function as a barrier is compromised.

4. Protective clothing, i.e., gown, shoe covers, lab coats, caps, etc., shall be worn whenever splashes, spray, spatters, droplets, or aerosols of blood or other potentially infectious material may be generated and there is a potential for contamination of these areas. Protective equipment (such as gowns, etc.) shall be readily accessible by staff at locations throughout the facility.
5. If protective clothing is penetrated by potentially infectious material, the garment shall be removed immediately or as soon as feasible.
6. Equipment that may become contaminated with blood and other infectious materials shall be checked routinely and decontaminated as necessary. This includes items such as basketballs, gym equipment, knives, blenders, dental equipment, etc. Protective covering such as plastic wrap, aluminum foil, may be used to cover equipment but if contaminated must be removed and replaced.
7. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush, broom, and dust pan, vacuum, tongs, cotton swabs, or forceps.
8. Pregnant employees are not known to be at a greater risk than those who are not pregnant; however, if the pregnant employee develops blood borne pathogen infection during the pregnancy, the infant is at risk due to perinatal transmission. Because of this risk, pregnant employees shall be especially familiar with and will strictly adhere to precautions to minimize the risk of blood borne disease transmission.
9. As in all employee/youth accidents/injury situations, you must fill out CS Form 0166 (Accident/Incident Traumatic Injury). Anytime an employee is involved in an incident (youth or co-worker) where blood/body fluids are present *and an exposure occurs*, you must fill out this form. Special care should be given to the question regarding the presence of blood.
10. *All exposures* shall be reported by the next working day to the OSHA representative in the facility. Form CS-0166, *Accident/Incident Traumatic Injury Report* must be filled out by the employee and submitted at the same time (or before) the exposure is reported. The OSHA representative will then follow the procedures outlined in the standard and the exposure control plan, including the completion of two post exposure forms. (See Attachment E.)

Food Service

All DCS food service employees and youths assigned to the kitchen shall follow universal precautions as a minimum. Special care shall be taken in preparation of food as listed below:

1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in the work areas where food is being prepared.

2. Utility gloves shall be used for housekeeping chores involving potential blood contact and for cleaning of equipment such as knives, meat slicers, blenders, etc. to include countertops and other work areas that may have become contaminated with blood or other infectious materials. (i.e. youth or employee cuts finger with knife or on a piece of equipment.)
3. Food service personnel will be responsible for following the correct procedures for disposal of infectious waste, broken glass, etc. as described in this plan.

Security/Treatment Providers

All personnel must follow universal precautions as minimum requirements. Special care with youths shall be followed as listed below:

1. Gloves shall be worn when handling blood or body fluids as may be seen in a fight, or when cleaning up areas after a fight if blood has been present.
2. Disposable razors shall not be shared by youths. Each facility shall have a procedure for razor control to include labeling of razors with youths' name. Staff members shall distribute razors to youths and collect them following use. They shall be disposed of in leak proof biohazardous sharps containers which are to be placed in areas not accessible to youths.
3. Potentially contaminated materials such as sheets, towels, etc., shall be handled with gloves when sorting to wash. Normal laundry cycles shall be used as recommended by the manufacturer. Even though soiled linen may be contaminated the risk of actual disease transmission is negligible.

Health Care Workers

1. All DCS health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients; for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, eyes and nose. Gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. All health care workers shall take precautions to prevent injuries caused by needles, scalpels, razors, tools, and other sharp instruments or devices during use; when cleaning used tools and instruments, and during disposal of used needles. To prevent needlestick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from syringes, or otherwise manipulated by hand. Recapping or removal of contaminated needles or sharps should only be done if no other alternative is feasible and then only through use of a mechanical device or the one-handed technique. After use, syringes, needles, scalpel blades, and other sharp items shall be placed in puncture resistant containers for disposal; these containers shall be located as close as practical to the use area.
3. Although saliva has not been implicated in HIV transmission, to minimize the risk during mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable. Disposal of resuscitation masks (pocket masks) shall be by placing in biohazard containers after use.
4. Health care workers who have exudative lesions or weeping dermatitis shall refrain from *all* direct youth contact and from handling all equipment used by youths until the condition resolves.
5. Universal precautions shall be the minimum precautions for all procedures in an emergency or outpatient setting in which there is surgical entry into tissues or major traumatic injuries. Routine use of barrier precautions, such as gloves and surgical masks, shall be worn for all invasive procedures. Protective eyewear or a face shield, as well as a protective barrier gown, shall be worn if splashing of blood or body fluids is likely (see Attachment B).
6. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are present or other areas of possible contamination, such as countertops.
7. Specimens of blood or other potentially infectious materials shall be placed in closable leak-proof containers and labeled or color-coded prior to being stored or transported.

Spill Kits and Clean-Up

Any employee involved with clean up of blood or other potentially infectious body fluids is to use the spill kit provided by the facility. There are several different types of kits and/or cleansers on the market, and you may use any of these as long as they meet the OSHA requirements. Solutions, beads, powders, etc. must contain bleach or be chlorinated to be acceptable cleansers.

All youth center security personnel shall be provided with first responder safety belt pouches containing antiseptic towelettes, micro shields or mouth barriers, gauze sponges, and gloves. Personnel shall be instructed in their use.

Spill kits shall be stored in various accessible locations for use by staff as needed.

Infectious Waste Disposal

Procedures for disposal of infectious waste shall follow DCS policy #23.4 Waste Management, State regulations, and procedures required by company that is contracted by facility for waste disposal.

Proper Preparation

Wastes for which special precautions are used include blood specimen or blood products (e.g., sanitary napkins, contaminated dressings). All infectious waste destined for disposal shall be placed in a closable, leak proof container or bag that is color-coded and labeled with fluorescent orange or orange-red with lettering and symbols in contrasting colors, using the biohazard label. Red bags or red containers may be substituted for labels on containers of infectious waste.

Warning labels (orange/red-orange) shall be affixed to containers of infectious waste, refrigerators and freezers containing blood or other hazardous materials. If outside contamination of a container or bag occurs or is likely to occur, then a second leak proof container or bag, which is closable and labeled or color-coded, shall be placed over the outside of the first and then closed to prevent spillage or protrusion of contents during handling, storage, shipping, or transport.

Containers for Sharps

The containers for sharps, (e.g., needles, syringes, razors) shall be not only leak proof, but puncture resistant. The containers shall be maintained upright through use, easily accessible and not overfilled. This container shall be such that employees cannot reach into the container by hand. Before filled containers are moved, they will be closed immediately to prevent spillage or protrusion of contents. If any leakage is possible, they shall be placed in a second container that is leak proof and color-coded. Removable containers shall not be opened, emptied, or cleaned manually for reuse. They shall be stored in areas not accessible to youths.

Cardiopulmonary Resuscitation

Equipment and Gloves

No transmission of hepatitis B virus infection during mouth-to-mouth resuscitation has been documented. However, because of the theoretical risk of salivary transmission of HIV during mouth-to-mouth resuscitation, special attention should be given to the use of disposable airway equipment or resuscitation bags and the wearing of gloves when in contact with blood or other body fluids. Resuscitation equipment and devices known or suspected to be contaminated with blood or other body fluids should be used once and disposed of or be thoroughly cleaned and disinfected after each use.

Mouth-to-Mask Ventilation

Clear plastic face masks with one-way valves are available for use during mouth-to-mask ventilation. These masks provide diversion of the victim's exhaled gas away from the rescuer and may be used by health-care providers and public safety personnel properly trained in their use during two-person rescue, in place of mouth-to-mouth ventilation. The need for and effectiveness of this adjunct in preventing transmission of an infectious disease during mouth-to-mouth ventilation are unknown.

If this type of device is to be used as reassurance to the rescuer that a potential risk might be minimized, the rescuer must be adequately trained in its use, especially with respect to making an adequate seal on the face and maintaining a patent airway. Such a device requires two hands to secure a proper face seal and to maintain an open airway. As an additional precaution, the rescuer should wear latex gloves because saliva or blood on the victim's mouth or face may be transferred to the rescuer's hands.

Surveillance, Exposure, and Vaccination

A medical surveillance program should be in place for all employees covered by this document. All the medical evaluation procedures to be performed will be under the supervision of a licensed physician and all laboratory tests conducted by an accredited laboratory. All evaluations, procedures, vaccinations, and post-exposure evaluation and follow up, including prophylaxis, are provided without cost to the employee, at a reasonable time and place, and according to current standard recommendations for medical practice by the United States Public Health Service (USPHS) at the time these evaluations and procedures take place.

Employees who have medical problems that would interfere with their ability to use protective clothing and equipment shall provide the OSHA representative with a written letter from their physician stating the reason.

Newly hired employees with occupational exposure must receive training on OSHA standard 1910.1030. This must be provided at no cost to the employee and during working hours. This training shall include, at a minimum, all requirements as listed in the standard under paragraph (g)(2)(VII). Within ten working days of the initial assignment, employees with occupational exposure shall be offered HBV vaccine. The exceptions are the employees who have had a previous HBV vaccination or unless antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons. If the employee initially declines the vaccine but at a later date, while still covered under this document, decides to accept the vaccine, it shall be provided at that time.

Should booster dose(s) be recommended at a future date, it shall be provided. DCS will follow and comply with the Center for Disease Control (CDC) in Atlanta guidelines regarding booster.

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Employees receiving the vaccine will be required to sign the Hepatitis B Vaccine Consent Form. Those declining the vaccine will sign the Hepatitis B Declination Form.

The OSHA standard does not require pre or post testing after receiving the vaccine. Employees who want to know if they have built up antibodies prior to or after taking the vaccine, must go to their own physician or private lab to obtain these results. Any employee covered by this document who has a parenteral or mucous membrane exposure to blood or other body fluids or who has a urtaneous exposure involving large amounts of blood or prolonged contact with blood (especially when skin is chapped, abraded, or afflicted with dermatitis) will have a confidential medical evaluation and follow-up provided.

As part of a confidential record, the circumstances of exposure will be recorded. Relevant information includes route(s) of exposure, the activity in which the worker was engaged at the time of exposure, the extent to which the appropriate work practices and protective equipment were used and a description of the source exposure shall be recorded. All reporting responsibilities under federal and state laws will be performed. An exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If baseline blood is drawn, but employee does not consent for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the sample tested, such testing will be done as soon as feasible.

If the source individual is a youth, you are to ask him to consent to blood work for HIV and Hepatitis B. If he consents, a release must be signed by youth giving permission to have bloodwork *and* permission for the results of a *positive test* to be shared with the exposed employee. Parental consent is not needed for this procedure since it is already covered by law on sexually transmitted disease.

For an exposure to a source individual found to be positive for hepatitis B surface antigen, the worker who has not previously been given hepatitis B vaccine should receive the vaccine series. A single dose of hepatitis B immune globulin will be given if within seven days of exposure. If the employee has previously received the vaccine, they will be tested for antibody to hepatitis B surface antigen and will be given one dose of vaccine and one dose of immune globulin if the antibody level in the blood sample is inadequate. If the source individual is negative for surface antigen and the worker has not been vaccinated, this opportunity will be offered to provide hepatitis B vaccination.

If source individual refuses testing or they cannot be identified, the unvaccinated worker shall receive the hepatitis B vaccine series. Immune globulin administration should be considered on an individual basis if the source individual is known or suspected to be a high risk for HBV infection. Management and treatment, if any, of workers who receive an exposure from a source who refuses testing or who is not identifiable, will be individualized. Current recommendations by the United States Public Health Service will be followed in post-exposure prophylaxis.

For any exposure from a source individual who has AIDS, who is found to be positive for HIV infection, or who refuses testing, the worker should be counseled regarding the risk of infection

and evaluated clinically and serological for evidence of HIV infection as soon as possible after the exposure. In view of the evolving nature of HIV post-exposure management, the worker shall be informed of current United States Public Health Service Guidelines. The worker will be advised to report to seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness, particularly one characterized by fever, rash or lymphadenopathy may be indicative of recent HIV infection.

Following the initial test at the time of exposure, seronegative workers should be retested every 6 (six) months up to one year after exposure, to determine whether transmission has occurred. During this follow-up period, exposed worker should follow USPHS recommendations for preventing transmission of HIV. If source individual was tested and found to be seronegative, baseline testing of exposed worker with follow-up testing 12 weeks later may be performed if desired by the worker or recommended by the physician. If source individual cannot be identified, decisions regarding appropriate follow up should be individualized. Serological testing should be made available to all workers who may be concerned they had been infected with HIV through an occupational exposure.

The evaluating physician of the exposed employee should have a copy of OSHA Standard on Occupational Exposure to Blood borne Pathogens, a description of the employee's duties as they relate to the exposure, a description of any personal protective equipment that was used, documentation of the route(s) of exposure and the circumstances under which the exposure occurred, the results of blood tests when available, and all medical records relevant to the appropriate treatment of the employee, including vaccination status.

The evaluating physician shall have his opinion in the employee's confidential health record and a copy will be provided to the employee all within 15 days after the evaluation. This written opinion shall be limited to the following information:

1. The physician's recommended limitation on employee's use of personal protective clothing or equipment and ability to receive vaccination and if employee has received such vaccination.
2. A statement that the employee has been informed of the results of his evaluation and has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
3. The written opinion will not reveal specific findings or diagnoses which are unrelated to the employee's ability to wear protective clothing or equipment or receive vaccination. Such findings and diagnoses shall remain confidential.

Any workers with impaired immune systems resulting from HIV infection or other causes are at increased risk of acquiring or experiencing serious complications of infectious disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken. Any worker with an impaired immune system sample should be counseled about the potential risk associated with taking care of patients with any transmissible infection and should continue to follow recommendations for infection control to minimize risk to other infectious agents.

The question of whether workers infected with HIV, especially those who perform invasive procedures, can adequately and safely be allowed to perform patient care duties or whether their work assignments should be changed must be determined on an individual basis, with the decision being made in conjunction with the employee's personal physician(s) and the company physicians.

Employee Training

All employees covered by this document shall participate in a training program at the time of their initial employment and annually thereafter at no cost to them and during working hours. Material appropriate in content and vocabulary to the educational level, literacy, and language background of the employees shall be used. The training program will contain a copy of the OSHA Standard on Occupational Exposure to Blood Borne Pathogens and an explanation of the content of the standards, including appendices.

A general explanation of the epidemiology and symptoms of blood borne diseases and their modes of transmission will be given. An explanation of the exposure control plan and means by which the employee can obtain the written plan shall be presented. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material will be included.

The use of equipment, limitations, and practices that will prevent and reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment, will be explained. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective clothing and equipment and an explanation of the basis for selection of protective clothing and equipment will be given.

Information on the appropriate actions to take and persons to contact in an emergency will be given. An explanation of the procedure to follow when an occupational exposure occurs, including the method of reporting the incident and the medical follow-up available will also be supplied.

Information on the medical counseling that the employer is providing for the exposed individuals along with an explanation of the signs and labels and color coding will all be presented.

Lastly, the trainer should give information on the hepatitis B vaccine, including information about its efficacy, safety, method of administration, the benefits of being vaccinated, and an explanation that vaccine and vaccination are offered free of charge. The trainer will then give the employee an opportunity for interactive questions and answers. The trainer must be knowledgeable of all the subject matter presented.

Recordkeeping

An accurate record for each employee subject to medical surveillance under this document will be maintained and will include a) the name and social security number of the individual; b) a copy of his/her hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination, or a doctor's statement as it relates to the employee's inability to wear protective clothing and equipment and receive vaccination; c) a copy of all results of physical examinations, medical testing, and follow-up procedures as they relate to the employee's inability to wear protective clothing and equipment and receive vaccination; d) documentation of circumstances of occupational exposure incidents and/or a copy of the physician's written opinion; e) a copy of information provided to the physician as required by this document. The employee's medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required or permitted by law. These records will be maintained for at least the duration of employment, plus 30 years.

The training records shall include the dates of the training sessions, the contents of a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. These records shall be maintained for 3 years.

All records required to be maintained shall be made available upon request to anyone as required or permitted by law. These records also will be provided upon request for examination and copying to the subject employee or to anyone having written consent of subject employee. Records will be transferred as required by federal law. Any other state or federal laws governing transfer of these records will be followed in accordance with those directives.

Housekeeping

Each DCS facility shall have a procedure/plan to ensure the work site is maintained in a clean, sanitary and appropriate manner. This plan shall include, at a minimum, the following:

1. A written schedule for cleaning and the method of decontamination based upon the location within the facility, the type of surface to be cleaned, the type of soil present and tasks/procedures being performed in the area.
2. Use of protective coverings on equipment and environmental surfaces that may become contaminated during the workshift (i.e., meat slicers, microscopes, ophthalmoscopes, etc.).
3. A plan for inspection and decontamination of bins, pails, cans, etc. intended for refuse.
4. A procedure for clean-up of broken glass, etc., as well as provisions for using mechanical means for pick-up.
5. A plan for storage of reusable sharps that have been contaminated (must be stored so that employees *do not* have to reach into a container where they have been placed).

ATTACHMENT A

EXPOSURE DETERMINATION

The following employees have been identified as being an increased potential for exposure to blood, body fluids, and tissue during their daily contact with youths.

A. Employee Classification

1. Medical Associates
2. Nurses
3. Dentists
4. Dental Assistants
5. Youth Service Workers
6. Housekeeping Personnel or Persons in Their Job Duties who Clean Up Spills, Handle Linens, Infectious Waste, Etc.
7. Food Service Personnel
8. Vocational Teachers
9. Maintenance Personnel who Work with Assigned Youths
10. Recreational Staff

B. Tasks and Procedures with an Exposed Risk

1. Physical Examination
 - a. Vaginal/Rectal Exams
 - b. Nasal/Oral Exams
 - c. Open Wound Care
 - d. Skin Lesion Care
2. Laboratory Procedures
 - a. Phlebotomies
 - b. Finger Sticks
 - c. Urinalysis/Dip Stick
 - d. Specimen Handling

3. Decontamination Procedures
 - a. Equipment
 - b. Work Area
 - c. Contaminated Receptacles
 - d. Blood Spill Sites

4. Waste Disposal
 - a. Regulated - Sharps, Contaminated Waste, Needle Handling, Vascutainer Needle Removal
 - b. Contaminated Dressings, Sanitary Products

5. Laundry

6. Injuries/Accidents
 - a. Fights with Blood Present
 - b. Cuts when Handling Tools and/or Equipment in Shop Area, (i.e., Knives in Kitchen)
 - c. Accidental injuries (broken bones, scrapes, nosebleeds, or other incidents) where staff or youth's blood or other potentially infected materials are present and accessible to others.

ATTACHMENT B

EXPOSURE DETERMINATION BY JOB CLASSIFICATION

INSTRUCTIONS: List each job classification in the office. Classify each job by placing an "X" under the exposure category which best describes the position without regard to the use of personal protective devices.

CATEGORY I Involves tasks or procedures in which all or some employees have a reasonable likelihood of contact with blood or other potentially infectious materials. The use of job-appropriate personal protective equipment and other protective measures is required. (Example: Physicians, Physician's Assistants, Nurses, Clinical and Diagnostic Lab Personnel, Housekeepers, Laundry Personnel which service health care facilities).

CATEGORY II Tasks and work assignments involve no routine exposure to blood or other potentially infectious materials, but employment may require unplanned Category I tasks. (Example: In an emergency, receiving - transporting specimens) appropriate personal protective devices must be available and these employees must be familiar with protective measures. (Example: Receptionist, Office Manager)

CATEGORY III Tasks and work assignments involve no exposure to blood or other potentially infectious materials. Employment NEVER requires Category I or Category II tasks or duties. No personal protective equipment needed. (Example: Data processing, Collections)

	Category I	Category II	Category III
JOB CLASSIFICATION	Tasks involve exposure to blood and OPIM.	Tasks involve no routine exposure to blood or OPIM, but may require performing unplanned Category I tasks.	Tasks and assignments require NO exposure to blood and OPIM. Category I and II tasks are not a condition of employment.
YOUTH SERVICE WORKERS	X		
MEDICAL PERSONNEL	X		
HOUSEKEEPING/ LAUNDRY	X		
COMM. RESIDENTIAL STAFF	X		

Exposure Control Plan: Tennessee Department of Children's Services

	Category I	Category II	Category III
JOB CLASSIFICATION	Tasks involve exposure to blood and OPIM.	Tasks involve no routine exposure to blood or OPIM, but may require performing unplanned Category I tasks.	Tasks and assignments require NO exposure to blood and OPIM. Category I and II tasks are not a condition of employment.
RECREATION PERSONNEL	X		
FOOD SERVICE PERSONNEL		X	
VOCATIONAL INSTRUCTORS		X	
MAINTENANCE W/YOUTH CONTACT		X	
TEACHERS/ TEACHERS AIDS		X	
PROBATION CASE MANAGERS		X	
PSYCHIATRIST/ PSYCHOLOGIST			X
ADMINISTRATIVE/ CLERICAL STAFF			X

ATTACHMENT C

UNIVERSAL PRECAUTIONS

Blood and Body Fluids

Infection Control Procedures

Universal blood and body fluid precautions should be used for ALL patients whenever there is a potential for exposure to blood or other body fluids, secretions, excretions and tissues. Be familiar with the infection control procedures within your department. Practice universal blood and body fluid precautions on all patients for your own protection.

NEEDLES AND SHARP INSTRUMENTS - The greater risk of exposure to HBV and HIV is through needlesticks and cuts with sharp instruments. Never break, bend or recap a used needle or other instrument. Dispose of needles and sharp instruments in puncture-resistant containers designed for their disposal. Handle all sharp instruments and broken glass with extreme caution. Immediately report any cut or needlestick to your immediate supervisor.

WASH HANDS - Routine handwashing is a basic infection control procedure. Hands always should be washed before and after contact with a patient. Wash hands with soap and a steady stream of water for at least 10 seconds.

WEAR GLOVES - Latex gloves should always be worn whenever patients are examined and you may be exposed to blood, body fluids, secretions, excretions, tissues or mucous membranes. Wash hands before putting on gloves and after gloves have been removed. Gloves should be used when cleaning soiled instruments, surfaces, and when handling linens soiled with blood or body fluids, or when cleaning up spills of blood or body fluids. Housekeeping personnel may use standard rubber gloves.

WEAR GOWNS - Protective gowns or aprons should be worn when there is a potential for blood or body fluid splatters or spraying. Example, arterial punctures, dental or orthopedic drilling, intubation, inserting arterial lines, endoscopies, etc.

WEAR GOGGLES - Protective eyewear, such as goggles, should be worn when there is a potential for blood or body fluid splatters or spraying. Example: arterial punctures, dental or orthopedic drilling, intubation, inserting arterial lines, endoscopies, etc.

WEAR MASKS - Generally, masks are not necessary when in casual contact with patients, but should be used when there is a potential for blood or body fluid splatters or spraying. HIV and HBV are blood borne and are not spread through the air. Masks also should be worn if the

patient is on respiratory isolation for his or her protection. See examples under WEAR GOWNS section.

CLEAN UP SPILLS - Spilled or splattered blood and body fluids should be cleaned up immediately. Use of a daily fresh solution of bleach and water (1:10 dilution) is adequate and gloves should be worn. Some instruments require special disinfectants. Check departmental policy.

LAUNDRY - Standard hospital laundry detergents and wash cycles are sufficient for linens contaminated with blood or body fluids. Handle linens and patient clothing with gloved hands when they are soiled with blood or other body fluids, secretions and excretions. Check departmental policy regarding bagging and labeling of patient laundry.

DISHES AND UTENSILS - Standard hospital dishwashing is sufficient and special handling is not indicated. Gloves should be worn only if dishes and utensils are visibly soiled with blood or body fluids. Gloves are not indicated when serving patient food.

HOUSEKEEPING - Standard hospital housekeeping procedures are adequate for routine, daily cleaning of patient rooms. Routine cleanup of patient rooms following discharge or transfer is adequate unless there is visible contamination with blood or body fluids.

CASUAL CONTACT - Casual contact with patients does not pose a risk of infection with HIV or HBV. Handshaking, touching, talking, visiting and other casual contact does not require any special infection control procedures since HIV and HBV are not spread through the air.

Always report to your immediate supervisor whenever you believe you have been exposed to HIV or HBV through contact with a patient's blood or body fluids. Your department has adopted infection control measures with which you should be familiar and should use routinely as indicated for all patients.

PROTECT YOURSELF

ALWAYS OBSERVE UNIVERSAL PRECAUTIONS

ATTACHMENT D

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

HEPATITIS VACCINATION DECLINATION

-MANDATORY-

"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive a vaccination series at no charge to me."

Employee's Signature

Social Security No.

Date

Witness

Date

cc: Employee OSHA file

CS-0371

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

HEPATITIS B VACCINE CONSENT

I have received HBV training and I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of the vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will not experience an adverse side-effect from the vaccine. I request that it is given to me. I understand fully the risks involved in receiving the vaccine and choose to assume that risk. I fully release and discharge DCS from any liability for illness, injury, loss or damage which may result therefrom.

Name

Social Security Number

Location/Facility

Date

Witness

cc:Employee OSHA file
Attending Physician

CS-0373

Vaccinations	
Date Vaccinated	Lot Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

DEPARTMENT OF CHILDREN'S SERVICES

Release of Information

I, _____, have agreed to have my blood tested for HIV _____ and/or Hepatitis B _____ due to an exposure incident. The tests have been fully explained to me, and I understand that, as required by OSHA Standard 1910.1030, the results of my tests, if positive, must be shared with the individual involved in the exposure.

I understand every effort will be made to keep this information confidential, but this cannot be guaranteed.

Youth

Date

Witness

Date

cc:Employee OSHA File
Medical File

CS-0377

Exposure Control Plan: Tennessee Department of Children's Services

**TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
EXPOSURE INCIDENT EVALUATION**

Employee Name: _____ Position: _____

Occurrence Date/Time: _____ Reported Date/Time: _____

Location/Facility: _____

EMPLOYEE'S REPORTED DESCRIPTION OF THE EXPOSURE

In relation to this exposure, **engineering controls** in place at this time were:

_____adequate _____inadequate If inadequate, explain:

In relation to this exposure, **work practice controls** in place at this time were:

_____adequate _____inadequate If inadequate, explain:

In relation to this exposure, **personal protective equipment** in place at this time were:

_____adequate _____inadequate If inadequate, explain:

EVALUATE CAUSE OF EXPOSURE

Lack of resource (policy, equipment, control)

Lack of employee knowledge (procedures, policies)

Failure to follow procedures or policies

Cause beyond Employer/Employee Control (Example: uncooperative patient)

Other (Explain): _____

RECOMMENDATIONS TO PREVENT FUTURE EXPOSURE

Date
CS-0369

Signature & Title

Original - employee OSHA File
Canary - DCS OSHA Coordinator
Pink - Safety Officer
Goldenrod - Regional OSHA Coordinator

**TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
OCCUPATIONAL EXPOSURE TO BLOOD BORNE PATHOGEN FOLLOW-UP**

Employee Name: _____ Soc. Sec. #: _____

Position: _____ Date of Occurrence: _____

Location/Facility: _____

EMPLOYEE'S REPORTED DESCRIPTION OF THE EXPOSURE (include circumstances and route of exposure): _____

CONTACT SOURCE INFORMATION

Contact source: () known () unknown

Contact source laboratory test results: HBsAG _____ HIV _____ Other: _____

EMPLOYEE INFORMATION

() have not been vaccinated

() have been vaccinated: Date: _____

() have received booster vaccination: Date _____

Serum Antibody Titer: Date: _____ Results: _____

TB Screening: Date: _____ Results: _____

Other Employee Health Information: _____

CONSENT FOR HIV AND HBV TESTING

I, _____, consent to having a blood sample drawn for the purpose of testing for HBV and HIV, as a result of occupational exposure to blood borne pathogens.

Date Signature

PHYSICIAN STATEMENT: (Include recommendations regarding indications and receipt of Hepatitis B Vaccine, a statement that the employee has been informed of results of evaluation, information regarding other medical conditions resulting from this incident). _____

Date Signature

NOTE: Completed form to be filed in confidential employee medical record.
CS-0370 Original - Employee OSHA File
Canary - Attending Physician

Exposure Control Plan: Tennessee Department of Children's Services

**TENNESSEE DEPARTMENT OF TREASURY
DIVISION OF CLAIMS ADMINISTRATION**

BLOOD BORNE PATHOGENS

INITIAL REQUEST _____

FOLLOW-UP _____

1. Department: _____ Budget Code: _____

2. Employee Name: _____

3. SSN: _____

4. Date of Incident: _____ 5. Date Reported to Employer: _____

6. Exposure Type (check one):

a. Fluid to fluid contact with known carrier _____

b. Fluid to fluid contact with unknown carrier _____

c. Potential exposure to known or unknown carrier _____

If 6a is checked, this should be filed as workers' compensation. Please refer employee to personnel office for further instructions on filing a workers' compensation claim.

7. Please provide a brief explanation of the incident, including what job duties the employee performing at the time.

8. Attach original or copy of itemized bill or invoice and mail to:

Sedgwick James of TN
ATTN: Missy Irwin
P.O. Box 19808
Knoxville, TN 37939

If you have any questions concerning the filing procedures or status of a payment request, direct all inquiries to Missy Irwin at 1-800-362-3013, and reference "blood borne pathogens incident." Do not refer to this as a workers' compensation claim.

I have reviewed this incident and confirm that it meets the requirements for payment by the state in accordance with OSHA regulations.

Date

Signature of Exposure Control Representative

Location and phone number

Date

Signature of Supervisory Representative

Location and phone number

ATTACHMENT E

EMPLOYEE EXPOSURE PROCEDURES

After the employee determines there has been an exposure they must fill out form CS-0166, *Accident/Incident/Traumatic Injury Report*. (This must be done and turned in to the facility OSHA representative within 24 hours.)

The OSHA representative will give employee forms CS-0369, *TDCS Exposure Incident Evaluation* and CS-0370, *TDCS Occupational Exposure To Blood Borne Pathogen Follow-up* to fill out and then they are distributed accordingly.

The Employee is instructed to go to his/her physician and must take, at a minimum, copies of forms CS-0369 and CS-0370, as well as pages 45 and 46 of the Blood Borne Standard 1910.1030, so the physician will know what procedures he must follow.

Listed below are the treatments and testing recommended by the US Health Service that the employer is required to pay at this time:

- a. baseline testing at time of exposure
- b. follow up in 6 months
- c. follow up in 1 year
- d. past exposure prophylaxis recommended by the Health Department is Hepatitis B vaccine, if recommended by the physician, but not HIV prophylaxis due to its experimental nature and inconclusive data.

After testing and/or treatment is completed, the OSHA representative shall fill out form TR-0354 form (*Tennessee Department of Treasury Division of Claims Administration*) in detail. This is kept until the doctor's bill comes in.

When the information from the physician comes in, you then send all of the original forms to Carolyn Ellis, RN5, Health Services Coordinator Central Office for processing through the Sedgwick James Company.

The packet sent to central office must contain:

- a. Form CS-0166, *Accident/Incident/Traumatic Injury Report*
- b. Form CS-0369, *TDCS Exposure Incident Evaluation*
- c. Form CS-0370, *TDCS Occupational Exposure To Blood Borne Pathogen Follow-up*
- d. Form TR-0354, *TN Dept. of Treasury, Division of Claims Administration - Blood Borne Pathogens*
- e. copy of physician's charges
- f. copy of lab work and charges
- g. any pertinent information regarding the incident

All forms must be filled out, completed, and signed where required. If the six months' bill is the one submitted, mark "**initial request**" on form TR-0354, then when the one year re-testing is done, mark "**follow-up**."

Blood borne exposures are not normally filed under workers' compensation but through a separate area at Sedgwick James. The one exception is if the carrier is a known HIV infected person.

Exposure Control Plan: Tennessee Department of Children's Services

No packets will be processed for payment until reviewed in central office, signed by an authorized person at the facility, and checked to ensure that packet contains all the required information listed above.

ATTACHMENT F

OSHA STANDARDS

1910.1030 Blood Borne Pathogens.

- (a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

- (b) Definitions. For purposes of this section, the following shall apply:

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"Blood" means human blood, human blood components, and products made from human blood.

"Blood Borne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immuno-deficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Other potentially infectious materials" means

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions

for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Sterilize" means the use of a physical chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by alternating the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control

(1) Exposure Control Plan

- (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure;
- (ii) The Exposure Control Plan shall contain at least the following elements:
 - (A) The exposure determination required by paragraph (c)(2),
 - (B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard; and
 - (C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.
- (iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).
- (iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- (v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure Determination

- (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:
 - (A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

- (B) A list of job classifications in which some employees have occupational exposure; and
 - (C) A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.
 - (ii) This exposure determination shall be made without regard to the use of personal protective equipment.
- (d) Methods of Compliance
- (1) General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
 - (2) Engineering and Work Practice Controls
 - (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
 - (ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
 - (iii) Employers shall provide handwashing facilities which are readily accessible to employees.
 - (iv) When provisions of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
 - (v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - (vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - (vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.
 - (A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.
 - (B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

- (viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - (A) puncture resistant;
 - (B) labeled or color-coded in accordance with this standard;
 - (C) leak proof on the sides and bottom; and
 - (D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.
- (ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- (x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- (xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- (xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- (xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - (A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilized Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exception only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required which such specimens/containers leave the facility.
 - (B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
 - (C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
- (xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

- (A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.
 - (B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- (3) Personal Protective Equipment
 - (i) Provision. Where there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
 - (ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - (iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - (iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.
 - (v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
 - (vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
 - (vii) All personal protective equipment shall be removed prior to leaving the work area.

- (viii) When persons' protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- (ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.
 - (A) Disposal (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - (B) Disposal (single use) gloves shall not be washed or decontaminated for re-use.
 - (C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
 - (D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall
 - (1) Periodically reevaluate this policy;
 - (2) Make gloves available to all employees who wish to use them for phlebotomy;
 - (3) Not discourage the use of gloves for phlebotomy;
 - (4) Require that gloves be used for phlebotomy in the following circumstances:
 - (i) When the employee has cuts, scratches, or other breaks in his or her skin;
 - (ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
 - (iii) When the employee is receiving training in phlebotomy.
- (x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- (xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational

exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

- (xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping

- (i) General. Employees shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- (ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- (A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- (B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
- (C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- (D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- (E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

- (A) Contaminated Sharps Discarding and Containment.
 - (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - (a) Closable;
 - (b) Puncture resistant;

- (c) Leak proof on sides and bottom; and
 - (d) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.
 - (2) During use, containers for contaminated sharps shall be:
 - (a) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
 - (b) Maintained upright throughout use; and
 - (c) Replaced routinely and not be allowed to overfill.
 - (3) When moving containers of contaminated sharps from the area of use, the containers shall be:
 - (a) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - (b) Placed in a secondary container if leakage is possible. The second container shall be:
 - (i) Closable;
 - (ii) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - (iii) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.
 - (4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- (B) Other Regulated Waste Containment.
 - (1) Regulated waste shall be placed in containers which are:
 - (a) Closable;
 - (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
 - (2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
 - (a) Closable;
 - (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - (c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

- (d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - (C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
- (iv) Laundry.
 - (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
 - (2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
 - (3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
 - (B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
 - (C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).
- (e) HIV and HBV Research Laboratories and Production Facilities
 - (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to other requirements of the standard.
 - (2) Research laboratories and production facilities shall meet the following criteria:
 - (i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy blood borne pathogens.
 - (ii) Special Practices
 - (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

- (B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak proof, labeled or color-coded container that is closed before being removed from the work area.
- (C) Access to the work areas shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
- (D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.
- (E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.
- (F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work areas and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
- (G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.
- (H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy blood borne pathogens.
- (I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
- (J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

- (K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
- (L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- (M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.
- (iii) Containment Equipment
 - (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.
 - (B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.
- (4) HIV and HBV research laboratories shall meet the following criteria:
 - (i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.
 - (ii) The surfaces of doors, walls, floors and ceilings in the work areas shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.
 - (iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.
 - (iv) Access doors to the work area or containment module shall be self-closing.
 - (v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.
 - (vi) A duct exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust area shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed

away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

(1) General

- (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- (ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
 - (A) Made available at no cost to the employee;
 - (B) Made available to the employee at a reasonable time and place;
 - (C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - (D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).
- (iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination

- (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- (ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- (iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.
- (iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.
- (v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

- (3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- (i) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - (ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
 - (A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - (B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - (C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - (iii) Collection and testing of blood for HBV and HIV serological status;
 - (A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - (B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - (iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - (v) Counseling; and
 - (vi) Evaluation of reported illnesses.
- (4) Information Provided to the Healthcare Professional
- (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation;
 - (ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - (A) A copy of the regulation;
 - (B) A description of the exposed employee's duties as they relate to the exposure incident;
 - (C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - (D) Results of the source individual's blood testing if available; and

- (E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- (5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a written opinion within 30 days of the evaluation.
 - (i) The healthcare professional shall be limited to the following:
 - (A) That the employee has been vaccinated for Hepatitis B vaccination if such vaccination is indicated for an employee who has received such vaccination.
 - (ii) The healthcare professional shall provide information for post-exposure evaluation and follow-up:
 - (A) That the employee has been told about any medical conditions resulting from exposure to blood of other potentially infectious materials which require further evaluation or treatment.
 - (B) That the employee has been told about any medical conditions resulting from exposure to blood of other potentially infectious materials which require further evaluation or treatment.
 - (iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- (6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.
- (g) Communication of Hazards to Employee
 - (1) Labels and Signs
 - (i) Labels.
 - (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



- (C) These labels shall be orange or orange-red or have a background of orange or orange-red or symbols in a contrasting color.
 - (D) Labels required by paragraph (g)(1)(i) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
 - (E) Red bags or red containers may be substituted for labels.
 - (F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).
 - (G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
 - (H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
 - (I) Regulated waste that has been decontaminated need not be labeled or color-coded.
- (ii) Signs.
- (A) The employer shall post signs at the entrance to work areas specified in paragraph (e) HIV and HBV Research Laboratory and Production Facilities which shall bear the following legend:

Biohazard Warning Label

(Name of the Infectious Agent)

(Special Requirement for entering the area)

(Name, telephone number of the laboratory
director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominately so,
with lettering or symbols in a contrasting color.

(2) Information and Training

- (i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.
- (ii) Training shall be provided as follows:
 - (A) At the time of initial assignment to tasks where occupational exposure may take place;
 - (B) Within 90 days after the effective date of the standard; and
 - (C) At least annually thereafter.
- (iii) For employees who have received training on blood borne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
- (iv) Annual training for all employees shall be provided within one year of their previous training.
- (v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- (vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- (vii) The training program shall contain at a minimum the following elements:
 - (A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
 - (B) A general explanation of the epidemiology and symptoms of blood borne diseases;
 - (C) An explanation of the modes of transmission of blood borne pathogens;
 - (D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

- (E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material;
 - (F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
 - (G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - (H) An explanation of the basis for selection of personal protective equipment;
 - (I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - (J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - (K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 - (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - (M) An explanation of the signs and labels and/or color-coding required by paragraph (g)(1); and
 - (N) An opportunity for interactive questions and answers with the person conducting the training session.
- (viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- (ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.
- (A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
 - (B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.
 - (C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall

assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping

(1) Medical Records.

- (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.
- (ii) This record shall include:
 - (A) The name and social security number of the employee;
 - (B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);
 - (C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);
 - (D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and
 - (E) A copy of the information provided to the healthcare professional as required by paragraph (f)(4)(ii)(B)(C) and (D).
- (iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:
 - (A) Kept confidential; and
 - (B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- (iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) Training Records

- (i) Training records shall include the following information:
 - (A) The dates of the training sessions;
 - (B) The contents or a summary of the training sessions;
 - (C) The names and qualifications of persons conducting the training; and
 - (D) The names and job titles of all persons attending the training sessions.
- (ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability

- (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

- (ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.
 - (iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.
- (4) Transfer of Records
 - (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).
 - (ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director if required by the Director to do so, within that three month period.

(I) Dates

- (1) Effective date. The standard shall become effective on [insert date 90 days after publication in the Federal Register].
- (2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed within 30 days of the effective date of this standard.
- (3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect within 90 days of the effective date of this standard.
- (4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect 120 days after the effective date of this standard.